

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527866

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
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49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
✓52			←			
✓53			←			
✓54			←			
✓55			←			
56						
57						
58						
59						
60						
✓61			←			
62						
63						
✓64			←			
✓65			←			
✓66			←			
✓67			←			
68						
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✓72			←			
✓73			←			
✓74			←			
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100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	61	←		←
TOTAL CLAIMS			62			